

BEST AVAILABLE COPY

31 MAR 2006

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							10/562505						
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/	/	51							
2	/	/	/	/	/	52							
3	/	/	/	/	/	53							
4	/	/	/	/	/	54							
5	/	/	/	/	/	55							
6	/	/	/	/	/	56							
7	/	/	/	/	/	57							
8			/	/	/	58							
9			/	/	/	59							
10			/	/	/	60							
11			/	/	/	61							
12			/	/	/	62							
13			/	/	/	63							
14			/	/	/	64							
15			/	/	/	65							
16			/	/	/	66							
17			/	/	/	67							
18			/	/	/	68							
19			/	/	/	69							
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21						71							
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40						90							
41						91							
42						92							
43						93							
44						94							
45						95							
46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.	2	↓	2	↓									
TOTAL DEP.	9	←	18	←									
TOTAL CLAIMS	9	↓	20	↓									